A STUDY OF MOHALLA CLINICS AND ITS' EFFECTIVENESS IN NCT OF DELHI

SYNOPSIS

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1. Introduction

Mohalla Clinics are the primary healthcare facilities provided to fill the gaps in healthcare services provided by Govt. of NCT of Delhi. These clinics are planned particularly to cater to un-served and under-served areas particularly in JJ Clusters, slums, un-authorized colonies, densely populated areas, rural areas etc. where poor and vulnerable population has no/limited access to the primary healthcare services within their reach. The facility has been launched on 15th July 2015 in Peera Garhi, Delhi. The purpose of this work is to evaluate the Service quality of services provided by Mohalla Clinics.
The thesis is divided in 5 chapters

Chapter – 1 Introduction. ,Chapter – 2 Review of literature, Chapter – 3 Research methodology used in the study, Chapter – 4 Analysis and Interpretation, Chapter – 5 Summary of Findings, Suggestions and Conclusion.

According to the findings, The mohalla or community clinics in Delhi, India have received much – mostly good – national and international attention and interest from the media and health professionals. The mohalla clinics have placed health at the top of the political agenda in Delhi, and other Indians have a lot of interest. These clinics offer personal (curative and diagnostic) health care; nevertheless, the improvement of HPCs would need a holistic strategy and a stronger emphasis on public and/or public health services via focused initiatives.

1.2 Problem Statement

In this era, health care industry is being highly overburdened due to high flow of patients in almost every corner of the world, continuous research & innovations are competing hard to meet the required challenges. Country like India (2nd largest populous in the world) facing

some other challenges e.g. imbalance in demand & supply of consumable & non consumable items/article specially in the public sector hospitals.

In 2015, the Delhi Government laid down the Mohalla Clinics strategy to enhance its healthcare system. It was designed to provide primary health care to individuals in their area, with an emphasis on those living in the impoverished towns of Delhi. The aim of this study is to evaluate Mohalla clinics' efficacy in the urban health system. On the basis of a primary survey in different regions of Delhi, we will see how effective these clinics have contributed to the reduction of strain on tertiary care centres by treating minor diseases in the neighbourhood. Overall, the public like this effort, which has led to a decrease in medications and testing out-of-pocket expenses. How Mohalla clinics improve geographical access to health care by decreasing the time to travel and wait would be worthwhile. However, their reach may be further expanded by adding facilities for pregnant and breastfeeding women who are a significant part of patients attending these clinics.

1.2 Research Questions

- To study the proximity/locational convenience of Mohalla Clinics.
- To study availability of medical treatment at Mohalla Clinics.
- To study the effectiveness of Mohalla Clinics as Referral Clinics.
- To study the effectiveness of Mohalla Clinics as provider of preventive care.
- To study the effect of Mohalla Clinics for promoting community health.

1. Literature Review

2.1 Mohalla Clinic

Since the late 1970s, it has been known that a well-functioning primary healthcare system, available across a fair regional radius, is expected to satisfy the bulk of people's health needs. The Alma Ata Declaration in 1978 recognised this at a global stage, and India's National Health Policy in 1983 and 2002 reflected it (Lahariya 2016).

The Mohalla Clinics Scheme 2015, which was recently launched in Delhi, is a move toward ensuring equitable access to primary healthcare facilities. The scheme has sparked interest and hope, and this paper aims to investigate its architecture and implementation prospects. Since

the scheme is already in the early stages of development, refined guidelines focused on field analysis may be used in the final implementation plan.

Mohalla Clinics (also known as Aam Admi Clinics) are neighbourhood clinics that are often referred to as "clinics at your doorstep." They want to extend the main health care infrastructure or peripheral health centres. These clinics will be built in the inner sanctuaries of "Mohallas," in particular in the poor and underprivileged areas. The Mohalla Clinic is designed to further decentralise health care in Delhi and to enhance primary care under the 3-tier system.

This clinics are built to fulfil residents' fundamental health care requirements, administer a broad variety of medical testing, and include all appropriate prescriptions. This single-doctor OPDs are designed to handle the majority of traditional healthcare cases in which specialists are not needed (Delhi Budget 2016-2017). Apart from quick screening checks like digital blood pressure monitors and glucometers (for random blood sugar testing), lab technicians in these clinics gather samples for over 212 free studies (Scroll 2016).

The doctor examines patients using an internet-connected automated tab-based protocol and prescribes and dispenses medications. Patients' biometric details, as well as a record of drugs dispensed, will be kept on file (Department of Health & Family Welfare, 2015). Much of this material is then preserved in the cloud and rendered open to the government. This technology not only ensures the longevity of documents, it also offers evidence for higher-level research.

According to the scheme, the clinics would have two/three rooms with power, water, and sewage connections, which will be leased by the state. The clinic would cost Rs. 20 lakh to set up. The district's basic pharmacy would be stocked by the Chief District Medical Officer (CDMO). The completely fitted chamber would be made open to doctors who have been empanelled to operate it as an OPD clinic in four-hour shifts. The CDMO will display and preserve IEC (Information Education Communication) materials (Department of health and family welfare, 2015).

Private, eligible doctors are encouraged to apply to the government to become a member of the AAMC Chamber of Medicine. A walk-in interview would be used to choose the team. After a quick training time, the doctor would be granted charge of the chamber. Doctors have the freedom to employ a helper on their own dime if appropriate. The doctor shares accountability for maintaining the office safe and welcoming to patients.

A doctor, a nurse, a pharmacist, and a laboratory technician operate in each clinic. Outpatient appointments, free medications and diagnostics, immunisation, family planning, referral and counselling facilities can all be provided by these units. There are proposals to get in experts such as gynaecologists and ophthalmologists on a weekly basis in the future (Lakhariya 2016).

The doctors would be billed at a cost of Rs. 30 per patient for referral costs. If a helper is included, the doctor receives an extra Rs. 10 per patient. Each doctor should be able to examine about 50 patients in a four-hour shift on average (Health and Family welfare department, 2015).

The urban population now have greater links to primary healthcare facilities. Many Mohalla Clinics have been founded in Jhuggi Jhompries' innermost circles, growing public clinics' scope in those regions.

Waiting time, which is a cost of opportunity (especially for regular wage earners), has decreased dramatically. The total wait time at Peeragarhi and Munirka has decreased from a few hours to about 15-20 minutes. Almost all of the city's Mohalla Clinics have registered similar findings (Scroll 2016).

For the disadvantaged, the expense of treatment has declined. Mohalla Clinics offer free medications and medical testing in addition to a substantial decrease in transport and opportunity expenses. Including the fact that municipal pharmacies offer free care, patient overcrowding and the unpredictability of prescription supply are significant deterrents. Aside from prices, the efficacy of private health care is often questioned.

Quacks are having a run for their money due to Mohalla Clinics. Peeragarhi, for example, is home to a number of quacks and practitioners of the notorious medical system known as "Electropathy." These so-called doctors admitted in Peeragarhi's Punjabi Clinic that the Mohalla Clinic was stealing their patients (also, Scroll 2016). Munirka got related comments on unqualified physicians. At least one “Farji” doctor was listed in almost every region surveyed.

Mohalla Clinics have the ability to transform how citizens pursue medical care (Lakhariya, 2016). Since they are new to the region, the majority of migrants are reluctant to attend larger health facilities before their condition becomes severe. They normally end up with providers that aren't eligible. Mohalla Clinics in underserved areas including JJ clusters and relocation colonies will make a difference in people's lives.

2.2 Mohalla Clinics Sustainability

Mohalla Clinic is an affordable area clinic. The overall cost of 1,000 basic medical clinics would be exactly equivalent to the capital expenditure necessary for building a single allopathic hospital until they are paid off (the budget allocation for setting up a new AIIMS is Rs 820 crores, and eight such institutions are sanctioned in two phases).

The Mohalla Clinch, in general, have extensive political backing. state allocation: Approximately 125 million for the Mohalla Clinics has already been provided, while growing the health budget by 50% It is consistent with the election pledges of the governing party. But that may also be a difficulty since the logo is so well established. There are some pictures of the party leaders in addition to Mr. Kejriwal in the Peeragarhi neighbourhood health centre. This clinic has received the title of "Mohalla Clinic". In Munirka, the MLA stood along with the Mohalla Clinic.

Although the Indian healthcare system is very developed, it lacks in referral and alternative resources to create patient trust and satisfaction.

However, a neighbourhood clinic operated by the government could face the problem of bureaucracy and centralization. Hiccups include any of the following early trials:

- Availability – among those residents who will either be in school or at work during the morning hours, complaints were common. An evening shift is mandatory.
- Doctors- the initiative is often benefitted by extremely trained doctors who are newly educated and by highly seasoned physicians. The more the private physicians operate in a group, the more they think about it, so they must be given sufficient cash rewards for holding their positions.
- Staff- Doctors can be motivated to do this by providing themselves with set contracts that provide bonuses and promising jobs.
- Sustainability-based funding is needed for the Mohalla Clinics. There are a certain number of patients who must be treated in order for this treatment to be cost-effective. It is dependent on number of patients treated and on the reviews the treatment should be conducted remotely, measured using clear measurements. Paper-based manual records were used at the Peeragarhi Clinic, while the Munirka technology and patient details were used at the Mohalla Clinic.

2.3 Scheme is Promising

The Delhi government's Mohalla or community clinics might be termed populist, but they have the ability to fulfil people's needs, render basic healthcare more available, and decongest higher-level health facilities. These may also be a watershed moment in India's health-care distribution (Lakhariya 2016).

It must be understood that concerns pinned down by the field study can be corrected when the implementation of the Mohalla Clinic scheme moves from its pilot to final stage (e.g. the uniform use of technology across the clinics, disassociation of the political party and the healthcare scheme) while some can be improved in the design itself (e.g. incentive structures).

As of now, the overall feedback received from the patients about the facilities at the Mohalla Clinics has been largely positive. The satisfaction levels with the facilities, medicines, and testing facilities are high. Patients were quick to point to the aspects that worked best for them: convenience, reduced waiting time, and better treatment.

Patients who wanted to see some improvements at the clinics, mentioned about bigger clinics and faster generation of reports. Although minor, these suggestions are valuable.

2.4 Research Gap

The literature prove to be beneficial in identifying the research gaps, on which the objectives of the present study are based on. It is clear that no studies that have tried to study Mohalla Clinics and its Effectiveness in NCT of Delhi. Therefore, the present study attempted to comparatively analyze Mohalla Clinics and its Effectiveness in NCT of Delhi

2. Intended Methodology

Research Methodology is an orderly method to tackle the exploration issue. When we talk research methodology, we discuss explore strategies as well as consider the rationale behind the strategies we use in the exploration study and endeavour to clarify why we are utilizing a specific strategy or procedure and why we are not utilizing the other, with the goal that examination comes about are assessed by the specialist himself or by others.

Research Process: Exploratory Research

Since the present study constitutes an analytical research, Random sampling method is used for selecting sample subjects.

There are two types of method used for data collection for this work:

Primary Data:-It was collected with the questionnaire and it contains a list of questions which are arranged properly. Questionnaire had been formed to gather data and info. Secondary Data:-Secondary data analysis save lot of time that would otherwise be spent collecting data and, particularly in case of quantitative data, can provide larger & higher-quality databases that would be unfeasible for any individual researcher to collect on their own."

Secondary data was obtained from different source: Secondary data was collected from "internet, articles from scholarly journals & books".

3.1 Research Hypothesis

Ho01 : There is no significant effect of Mohalla Clinics on availability of Primary Healthcare facility.

Ha01 : There is significant effect of Mohalla Clinics on availability of Primary Health Care Facility

Ho02 : There is no significant effect of Mohalla Clinics on out of pocket expenses related to primary healthcare treatment.

Ha02 : There is significant effect of Mohalla Clinics on out of expenses related to primary healthcare treatment.

Ho03 : There is no significant effect of Mohalla Clinics as referral clinics.

Ha03 : There is significant effect of Mohalla Clinics as referral clinics.

Ho04 : There is no significant effect of Mohalla Clinics as provider of community health awareness and preventive care.

Ha04 : There is significant effect of Mohalla Clinics as provider of community health awareness and preventive care.

3.2 Research Technique:

SERVQUAL Technique

The SERVQUAL approach is a technology which can be used to evaluate the efficiency of the service efficiency of an entity, against the consistency of customer service specifications.

It is an empirically derived approach that a business-based company should use to increase the standard of operation. It requires the creation of an awareness of the perceived service needs of target consumers and the evaluation of their perceived service quality perceptions. If found, the resulting void may then be used as a catalyst for enhancing service efficiency.

DATA COLLECTION : Primary & Secondary Sources

SAMPLING DESIGN : Random sampling

SAMPLE SIZE 384

LEVEL OF SIG. : 95%

MARGIN OF ERROR : 5%

Data Collection Locations

S. No.	District	Assembly	Location
1.	South	Chattarpur	D-24, Bhati Mines, AAMC
2.	South	Chattarpur	E-224, Bhati Mines, AAMC
3.	South	Chattarpur	Rajpur Khurd, AAMC
4.	South	Deoli	Block-E-7, Dakshinpuri
5.	South	Deoli	Mahila Vikas Kendra, Tigri, Sangam Vihar
6.	South	Deoli	JJ Cluster tigri, Near MLA Offcie
7.	South	Deoli	Holi Chowk, Sangam Vihar, AAMC

S. No.	District	Assembly	Location
8.	South	Malviya Nagar	Lado Sarai, M B Road
9.	South	Malviya Nagar	Panchsheel Vihar, AAMC
10.	South		Mehrauli, Andheri Mor
11.	South		E-5, Dakshinpuri
12.	South		M G Road Sultanpur
13.	South East	AC-53 Badarpur	Tejpur Pahari School AC-53 Badarpur
14.	South East	Jangpura	Rain Basera, Sarai Kale khan
15.	South East	Jangpura	195-A, Hari Nagar Ashram, New Delhi-14
16.	South East	Okhla	AAMC Flood Control land AbulFazal Enclave
17.	South East	Okhla	AAMC Flood Control land ShaheenBagh
18.	South East	Okhla	S-10/D-15, Joga bai Extn. Zakir Nagar, Okhla, New Delhi
19.	South East	Okhla	C-5 Behind Masjid Noor Jogabai Ext. Khazuri Road, Okhla, New Delhi
20.	South East	Sangam Vihar	AAMC Under Footover Bridge Batra Hospital near Sant Narayan Mandir Bus Stand
21.	South East	Sangam Vihar	J-2-B/75, Gali No-2, Gupta Colony, Sangam Vihar
22.	South East	Tughlakabad	Bus Stand Pul Prahladpur MB Road

S. No.	District	Assembly	Location
23.	South East	Tughlakabad	AAMC MB Road Sri MaaAnandmayi Marg Prem Nagar

3.3 Data collection: Parameters for selecting valid questionnaires

Frequency of visits

The respondent should have availed the service of the Mohalla Clinics atleast once, either for first time or for follow-up of the earlier diagnosis or diagnosis for new ailment.

Age group

The age groups were categorized into three categories i.e. 18-35 Years, 35-55 Years and more than 55 years

Gender

the categories were male, female and transgender

Income groups

Per month family income categories were created as single earner/ multiple earners. The family income was grouped into three categories i.e. upto Rs.20,000 per month, Rs.20001-Rs40,000 per month, Rs.40,001-Rs.60,000 per month and more than Rs.60,000 per month.

Literacy level

Illiterate to doctoral level: 7 Levels

Occupation

Daily wage earner/Private Service/Govt. Job.

3.4 Questionnaire Design

A questionnaire with a Likert scale was used. The degree to which an individual agrees or disagrees with a question is measured using a likert scale (information technology services, 2010). The scale goes from (5) Strongly Agree (SA) to (4) Agree (A),(3) Neutral, (2) Disagree (D), and (1) Strongly Disagree (SD) (SD). In addition, interviews and personal impressions were performed to aid in the collection of data.

3.4 Statistical Tools Used

The analysis is to acquire the useful information for addressing study objectives by following statistical tools. The data was collected, organized and further analyzed. Tabulation of data was performed by using SPSS 20.0 software tool. Data was analyzed by using descriptive measures. Frequency tables were drawn by presenting the data in the form of tables Regression analysis was performed .

4. Data Analysis

Rotated Component Matrix[a]

	Component							
	1	2	3	4	5	6	7	8
Registration/Consultation fee for this outpatient visit			.644					
Cost of Medical tests for present ailment			.755					
Cost of Medicines for present ailments			.574					
Cost of Commuting to and fro to this clinic			.642					
Location of the clinic easily accessible			.670					
The Doctor is available during clinic working hours			.574					
The Clinic premises are clean			.352				.442	
The wash rooms/toilets are clean			.458					.381

Modern and advanced work equipment are used						.750		
Directional signage and name plates are available in the clinic area			.541		.479			
Information on disease symptoms and prevention, other Government social welfare shemes are available in clinic area							.687	
Outpatient visit to this clinic is expensive		.381	.371					
Prescribed medicines are available at clinic		.773						
It is easy to identify doctors, Health Officers and nurses	.329	.649						
Patients get enough time to discuss their medical problem with the doctor					.821			
Waiting time before consultation is long	.379	.611						
The Doctor is available when your turn comes for consultation	.750							
Working processes are clear and concise	.669							

Doctor examiined me carefully and spent adequate time with me	.685								
The Doctor explains the nature of illness to the patient	.536	.508							
The staff tells the patient about timing of medication and probable side effects that may happen	.575				.449				
Medical tests can be easily done by laboratories on panel	.650								
Waiting time is not long for medical tests	.445	.534							
Treatment is reliable	.428	.646							
Will recommend this clinic to friends and family	.699								
The Doctor's behaviour is friendly	.688					-.356			
The clinic staff behaviour is pleasant with patients	.752								
The staff helps to solve patient's queries	.550	.350							
The clinic provides timely care to patients	.433	.502							

Clinic promptly attends the emergeny situations when reported in working hours	.637								
During this visit, doctor/health officer/nurses/treated me with courtesy and respect	.381	.604			.315				
Durign this visit, doctors/health officers carefully listened to my concerns	.425	.444							
Treatment is dependable	.471	.440							
I feel comfortable in this clinic	.712								
The Doctor attends to concerns of every patient	.553	.428							
During this visit, doctors/health officers explained to me in a way I could understand	.761								
You were told the nature of abnormal symptoms which must be urgently reported back to clinic or when to visit other emergency medical care	.850								
clinic staff shows concerns for individual patient	.736								

Clinic gives personalized care to patient.				.842				
Clinic knows patient's needs				.904				
The dietary precautions were explained				.792				
On a scale of 1-5 (1 being the worst facility, 5 being the best facility), how would you rate this health facility								.812

Component Transformation Matrix

Component	1	2	3	4	5	6	7	8
1	.786	.500	.328	.001	.139	.075	-.009	.011
2	-.542	.301	.661	-.141	.255	.289	-.055	.084
3	-.136	.248	-.089	.925	.031	.077	-.223	-.018
4	.147	-.566	.626	.328	-.142	-.205	.304	-.064
5	.024	-.138	-.204	.098	.834	.077	.472	-.067
6	.105	-.152	-.093	.074	-.213	.654	.256	.642
7	-.160	.424	-.071	.038	-.388	.013	.731	-.322
8	-.107	.237	.004	.030	.053	-.655	.179	.684

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

The Eigenvalue table has been divided into three sub-sections, i.e. Initial Eigen Values, Extracted Sums of Squared Loadings and Rotation of Sums of Squared Loadings. For analysis

and interpretation purpose we are only concerned with Extracted Sums of Squared Loadings. Here one should note that Notice that the first factor accounts for 23.295% of the variance, the second 15.910% ,the third 11.286%, the fourth 10.465%, the fifth 9.609%, the sixth 9.178%, the seventh 8.974% and the eight 7.840.

From the result so rotated component matrix, we can see that 8 factors has been etracted Waiting time before consultation is long ,Working processes are clear and concise ,Doctor examined me carefully and spent adequate time with me, The staff tells the patient about timing of medication and probable side effects that may happen ,Treatment is reliable, The Doctor's behaviour is friendly, The Doctor is available during clinic working hours ,The Clinic premises are clean During this visit doctor/health officer/nurses/treated me ,with courtesy and respect, Durign this visit, doctors/health officers carefully listened to my concerns Treatment is dependable , I feel comfortable in this clinic, The Doctor attends to concerns of every patient loaded on Factor (Component) 1, Prescribed medicines are available at clinic ,Waiting time is not long for medical tests. the Doctor's behaviour is friendly, clinic promptly attends the emergeny situations when reported in working , Clinic gives personalized care to patient ,The dietary precautions were explained loaded on Factor (Component) 2.

Registration/Consultation fee for this outpatient visit , Cost of Medical tests for present ailment, Cost of Medicines for present ailments, Cost of Commuting to and fro to this clinic loaded on Component 3. The clinic staff behaviour is pleasant with patients ,The clinic provides timely care to patients ,During this visit, doctors/health officers explained to me in a way I could understand loaded on Factor (Component) 4, Medical tests can be easily done by laboratories on panel , Modern and advanced work equipment are used Loaded on component 5, Information on disease symptoms and prevention, other Government social welfare schemes are available in clinic area, Location of the clinic easily accessible loaded on Component 6. Patients get enough time to discuss their medical problem with the doctor loaded on Component 7, Location of the clinic easily accessible, The clinic staff behaviour is pleasant with patients, The Doctor's behaviour is friendly loaded on Component 8. Since factor loadings can be interpreted like standardized regression coefficients , we say that the all variable above has a strong correlation.

4.1 Hypothesis Testing

Ho01 : There is no significant effect of Mohalla Clinics on availability of Primary Healthcare

facility.

Ha01 : There is significant effect of Mohalla Clinics on availability of Primary Health Care Facility

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Mean H1[b]	.	Enter

a. Dependent Variable: Scale rate

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.311[a]	.297	.095	1.14796

a. Predictors: (Constant), H

a. Predictors: (Constant), Cost of Commuting to and fro to this clinic

This table gave the R-value which is represented the correlation between the observed value and predicted value of the dependent variables. Here the value of R-square is 0.297 that means the independent variable of the model can be predicted 29.7% of the variance is dependent variables.

ANOVA[a]

Model	Sum of Squares	df	Mean Square	F	Sig.

1	Regression	62.726	1	62.726	47.598	.000[b]
	Residual	585.113	444	1.318		
	Total	647.839	445			

a. Dependent Variable: Scale rate

b. Predictors: (Constant), H

The above table gives the test result for the analysis of ANOVA. The results are given in three rows. F value in this case is 47.598 and the P-value is given by 0.000 which means this hypothesis is rejected and alternate one is accepted.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.397	.129		18.615	.000
	H1	.300	.043	.311	6.899	.000

a. Dependent Variable: Scale rate

The above table gives the regression constant and coefficient and their significance. Now by testing hypothesis the p-values for regression coefficient is .000 which is less than 0.05 so the value of significance is less than .05 so the null hypothesis is rejected and alternate hypothesis is accepted. Therefore, the hypothesis is irrelevant and rejected which means There is significant effect of Mohalla Clinics on availability of Primary Health Care Facility.

Ho02: There is no significant effect of Mohalla Clinics on out of pocket expenses related to primary healthcare treatment.

Ha02: There is significant effect of Mohalla Clinics on out of expenses related to primary healthcare treatment.

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	H2[b]	.	Enter

a. Dependent Variable: H2

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.305[a]	.242	.040	1.10295

a. Predictors: (Constant), H

This table gave the R-value which is represented the correlation between the observed value and predicted value of the dependent variables. Here the value of R-square is 0.242 that means the independent variable of the model can be predicted 24.2% of the variance is dependent variables.

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	23.576	1	23.576	19.381	.000[b]
	Residual	540.121	444	1.216		
	Total	563.697	445			

a. Dependent Variable: H2

b. Predictors: (Constant), H

The above table gives the test result for the analysis of ANOVA. The results are given in three rows. F value in this case is 19.381 and the P-value is given by 0.000 which means this

hypothesis is rejected and alternate one is accepted.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.666	.124		21.549	.000
	H	.184	.042	.205	4.402	.000

a. Dependent Variable: H2

The above table gives the regression constant and coefficient and their significance. Now by testing hypothesis the p-values for regression coefficient is .000 which is less than 0.05 so the value of significance is less than .05 so null hypothesis is rejected and alternate hypothesis is accepted. Therefore, the null hypothesis is irrelevant and rejected which means There is significant effect of Mohalla Clinics on out of expenses related to primary healthcare treatment.

Ho03 : There is no significant effect of Mohalla Clinics as referral clinics.

Ha03 : There is significant effect of Mohalla Clinics as referral clinics.

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Mean H3[b]	.	Enter

a. Dependent Variable: H3

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.417[a]	.314	.012	1.18250

a. Predictors: (Constant), H

This table gave the R-value which is represented the correlation between the observed value and predicted value of the dependent variables. Here the value of R-square is 0.314 that means the independent variable of the model can be predicted 31.4% of the variance is dependent variables.

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.646	1	8.646	6.183	.113[b]
	Residual	620.852	444	1.398		
	Total	629.498	445			

a. Dependent Variable: H3

b. Predictors: (Constant), H

The above table gives the test result for the analysis of ANOVA. The results are given in three rows. F value in this case is 6.183 and the P-value is given by 0.113 which means this hypothesis is accepted.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.199	.133		16.580	.000
	H	.111	.045	.117	2.487	.113

a. Dependent Variable: H3

The above table gives the regression constant and coefficient and their significance. Now by testing hypothesis the p-values for regression coefficient is .013 which is more than 0.05 so the value of significance is more than .05 so hypothesis is accepted. Therefore, the hypothesis is accepted which means There is no significant effect of Mohalla Clinics as referral clinics.

Ho04: There is no significant effect of Mohalla Clinics as provider of community health awareness and preventive care.

Ha04: There is significant effect of Mohalla Clinics as provider of community health awareness and preventive care

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Mean H4[b]	.	Enter

a. Dependent Variable: H3

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.188[a]	.335	.033	1.07091

a. Predictors: (Constant), H

This table gave the R-value which is represented the correlation between the observed value and predicted value of the dependent variables. Here the value of R-square is 0.335 that means the independent variable of the model can be predicted 33.5% of the variance is dependent variables.

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	18.572	1	18.572	16.194	.000[b]
	Residual	509.204	444	1.147		
	Total	527.776	445			

a. Dependent Variable: H3

b. Predictors: (Constant), H

The above table gives the test result for the analysis of ANOVA. The results are given in three rows. F value in this case is 16.194 and the P-value is given by 0.000 which means this hypothesis is null rejected and alternate one is accepted.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.539	.120		21.143	.000
	H	.163	.041	.188	4.024	.000

a. Dependent Variable: H3

The above table gives the regression constant and coefficient and their significance. Now by testing hypothesis the p-values for regression coefficient is .000 which is less than 0.05 so the value of significance is less than .05 so null hypothesis is rejected and alternate hypothesis is accepted. Therefore, the null hypothesis is irrelevant and rejected which means There is significant effect of Mohalla Clinics as provider of community health awareness and preventive care.

5. Findings

- 53.1% of the respondents were from South Delhi and 46.9% were from South-West Delhi.
- 5.8% respondents were of age group 18-35 years and 74.2% of the respondents were of age group 36-59 years.
- 87.7% of the respondents were not educated and 12.3 % of the respondents were having education of less than 10^{th}
- 50.9% of the respondents were having family annual income of upto 5 lakhs and 49.1% were having family annual income of more than 5 lakhs.
- 75.3% of the respondents were female and 24.7% of the respondents were male.
- 87.7% of the respondents were homemaker and 12.3% of the respondents were daily wage earner.
- 65.6 % of the respondents were visiting Mohalla Clinic for the first time for treatment.
- Registration/Consultation fee for outpatient visit,.2 % said very expensive,.2 % said expensive, .2% said affordable, 99.3% of the respondents said free of cost. Registration/Consultation fee for outpatient visit is free.

- Cost of medical tests for present ailment, .2 % said very expensive,.2 % said expensive, .2% said affordable, 99.3% of the respondents said free of cost. Cost of medical tests for present ailment is free.
- Cost of Medicines for present ailments, .2 % said very expensive,.2 %said expensive, .2% said affordable, 12.3 % said reasonable, 87.0% of the respondents said free of cost.
- Cost of Commuting to and fro to this clinic, .2 % said very expensive,12.8 %said expensive, .2% said affordable, 86.8% of the respondents said free of cost.
- Location of the clinic easily accessible, .2 % strongly disagree,.2% disagree, .2% can't say, 12.3% agree and 87.0% strongly agree that Location of the clinic easily accessible.
- .2 % strongly disagree,.2% disagree, .2% can't say, 62.1% agree and 37.2% strongly agree that The Doctor is available during clinic working hours.
- .2 % strongly disagree,.2% disagree, 74.9 % can't say, 24.7 % agree that The Clinic premises are clean.
- 53.1% can't say, 31.2 % agree and 15.7% strongly agree that The wash rooms/toilets are clean.
- 12.8 % strongly disagree,.2% disagree, 12.6% can't say, 62.1% agree and 12.3% strongly agree that Modern and advanced work equipment are used.
- .2 % strongly disagree,.2% disagree, 37.2 % can't say, 24.9% agree and 37.4% strongly agree that Directional signage and name plates are available in the clinic area.
- 74.7 % strongly disagree, 25.1% disagree, .2 % can't say. Majority of the respondents strongly disagree that Information on disease symptoms and prevention, other Government social welfare schemes are available in clinic area.
- .2 % strongly disagree,12.3 % disagree, .2 % can't say, and 87.2% strongly agree that Outpatient visit to this clinic is expensive.
- .2 % strongly disagree,.2% disagree, .2 % can't say, 74.4% agree and 24.9% strongly agree that Prescribed medicines are available at clinic.
- .2 % strongly disagree,.2% disagree, .2 % can't say, 61.9% agree and 37.4% strongly agree that It is easy to identify doctors, Health Officers and nurses.
- 37.2 % strongly disagree, 62.6% disagree, .2 % can't say. Majority of the respondents disagree or strongly disagree that Patients get enough time to discuss their medical problem with the doctor.

- .2 % strongly disagree, .2% disagree, .2 % can't say, 37.4% agree and 61.9% strongly agree. Majority of the respondents strongly agree or agree that Waiting time before consultation is long.
- 2 % strongly disagree, .2% disagree, .2 % can't say, 61.9% agree and 37.4% strongly agree. Majority of the respondents agree that The Doctor is available when your turn comes for consultation.
- .2 % strongly disagree, .2% disagree, .2 % can't say, 49.6% agree and 49.8% strongly agree. Majority of the respondents agree or strongly agree that Working processes are clear and concise.
- .2 % strongly disagree, 12.6% disagree, .2 % can't say, 62.1% agree and 24.9% strongly agree. Majority of the respondents agree that Doctor examined them carefully and spent adequate time with them.
- . 2 % strongly disagree, 12.6% disagree, .2 % can't say, 62.1% agree and 37.2% strongly agree. Majority of the respondents agree or strongly agree that The Doctor explains the nature of illness to the patient.
- .2 % strongly disagree, 12.6% disagree, 25.1 % can't say, 62.1% agree and 12.3% strongly agree. Majority of the respondents agree that The staff tells the patient about timing of medication and probable side effects that may happen.
- .2 % strongly disagree, 12.3% disagree, .2 % can't say, 62.3% agree and 24.9% strongly agree. Majority of the respondents agree that Medical tests can be easily done by laboratories on panel.
- .2 % strongly disagree, .2% disagree, 12.8 % can't say, 24.4% agree and 62.3% strongly agree. Majority of the respondents strongly agree that Waiting time is not long for medical tests.
- .2 % strongly disagree, .2% disagree, .2% can't say, 24.9% agree and 74.4 % strongly agree. Majority of the respondents strongly agree that Treatment is reliable.
- .2 % strongly disagree, 12.3% disagree, .2% can't say, 49.8% agree and 37.4 % strongly agree. Majority of the respondents agree or strongly agree that they Will recommend this clinic to friends and family.
- .2 % strongly disagree, .2% disagree, .2% can't say, 74.2% agree and 25.1 % strongly agree. Majority of the respondents agree that The Doctor's behaviour is friendly.
- .2 % strongly disagree, .2% disagree, .2% can't say, 86.8% agree and 12.6 % strongly agree. Majority of the respondents agree that The clinic staff behaviour is pleasant with

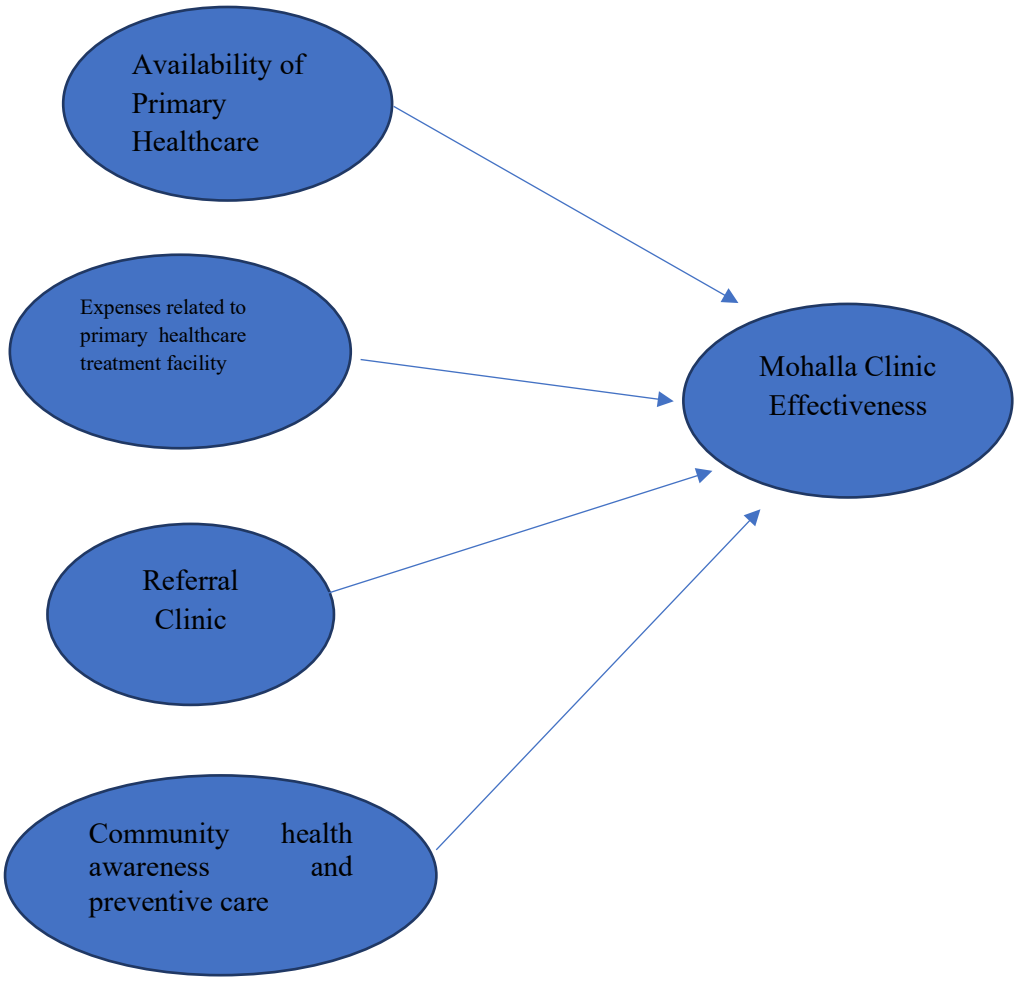
patients.

- .2 % strongly disagree, .2% disagree, .2% can’t say, 61.9% agree and 37.4 % strongly agree. Majority of the respondents agree that The staff helps to solve patient's queries.
- .2 % strongly disagree, .2% disagree, 12.3% can’t say, 37.4% agree and 49.8 % strongly agree. Majority of the respondents strongly agree that The clinic provides timely care to patients.
- .2 % strongly disagree, .2% disagree, .2% can’t say, 74.4% agree and 24.9 % strongly agree. Majority of the respondents agree that Clinic promptly attends the emergeny situations when reported in working hours.
- .2 % strongly disagree, .2% disagree, .2% can’t say, 49.6% agree and 49.8 % strongly agree. Majority of the respondents strongly agree or agree that During this visit, doctor/health officer/nurses/treated me with courtesy and respect.
- .2 % strongly disagree, .2% disagree, .2% can’t say, 49.6% agree and 49.8 % strongly agree. Majority of the respondents strongly agree or agree that During this visit, doctors/health officers carefully listened to my concerns.
- .2% disagree, .2% can’t say, 61.9% agree and 37.4 % strongly agree. Majority of the respondents agree or strongly agree that Treatment is dependable.
- .2 % strongly disagree, .2% disagree, .2% can’t say, 61.9% agree and 37.4 % strongly agree. Majority of the respondents agree or strongly agree that they feel comfortable in this clinic.
- .2 % strongly disagree, .2% disagree, .2% can’t say, 49.3% agree and 50.0 % strongly agree. Majority of the respondents agree or strongly agree that The Doctor attends to concerns of every patient.
- .2 % strongly disagree, 12.6% disagree, .2% can’t say, 12.3% agree and 74.7 % strongly agree. Majority of the respondents strongly agree that During this visit, doctors/health officers explained to them in a way they could understand.
- .2 % strongly disagree, .2% disagree, .2% can’t say, 61.7% agree and 37.7 % strongly agree. Majority of the respondents agree that they were told the nature of abnormal symptoms which must be urgently reported back to clinic or when to visit other emergency medical care.
- .2 % strongly disagree, .2% disagree, .2% can’t say, 49.6% agree and 49.8 % strongly agree. Majority of the respondents agree or strongly agree that clinic staff shows concerns for individual patient.

- .2 % strongly disagree, .2% disagree, .2% can’t say, 61.7% agree and 37.7 % strongly agree. Majority of the respondents agree that Clinic gives personalized care to patient.
- .2% disagree, 12.3% can’t say, 37.2% agree and 50.0 % strongly agree. Majority of the respondents strongly agree that Clinic knows patient's needs.
- .2 % strongly disagree, .2% disagree, 12.6% can’t say, 12.1% agree and 74.9 % strongly agree. Majority of the respondents strongly agree that The dietary precautions were explained.
- 51.1% can’t say, 25.3% said good and 23.3 % said very good. Majority of the respondents were not decisive and can’t say but a huge percentage of respondents rated Mohalla clinics as good and very good.

5.1 Findings from Hypothesis

- There is significant effect of Mohalla Clinics on availability of Primary Health Care Facility.
- There is significant effect of Mohalla Clinics on out of expenses related to primary healthcare treatment.
- There is no significant effect of Mohalla Clinics as referral clinics.
- There is significant effect of Mohalla Clinics as provider of community health awareness and preventive care.


Availability of Primary Healthcare
Expenses related to primary healthcare treatment facility
Referral Clinic
Community health awareness and preventive care
Mohalla Clinic Effectiveness

The mohalla clinics have placed health at the top of the political agenda in Delhi, and other Indians have a lot of interest. These clinics offer personal (curative and diagnostic) health care; nevertheless, the improvement of HPCs would need a holistic strategy and a stronger emphasis on public and/or public health services via focused initiatives. Although some may see mohalla clinics as simply another kind of health facility, the concept is capable of transforming India's healthcare system. Besides the building of new facilities, it is suggested that a large part of existing health system infrastructure, such as dispensaries, be developed and that the functioning of these clinics be synchronised with other current/planified mechanisms, such as the NUHM U-PHC system. In addition, such a company must be supported by reforms and

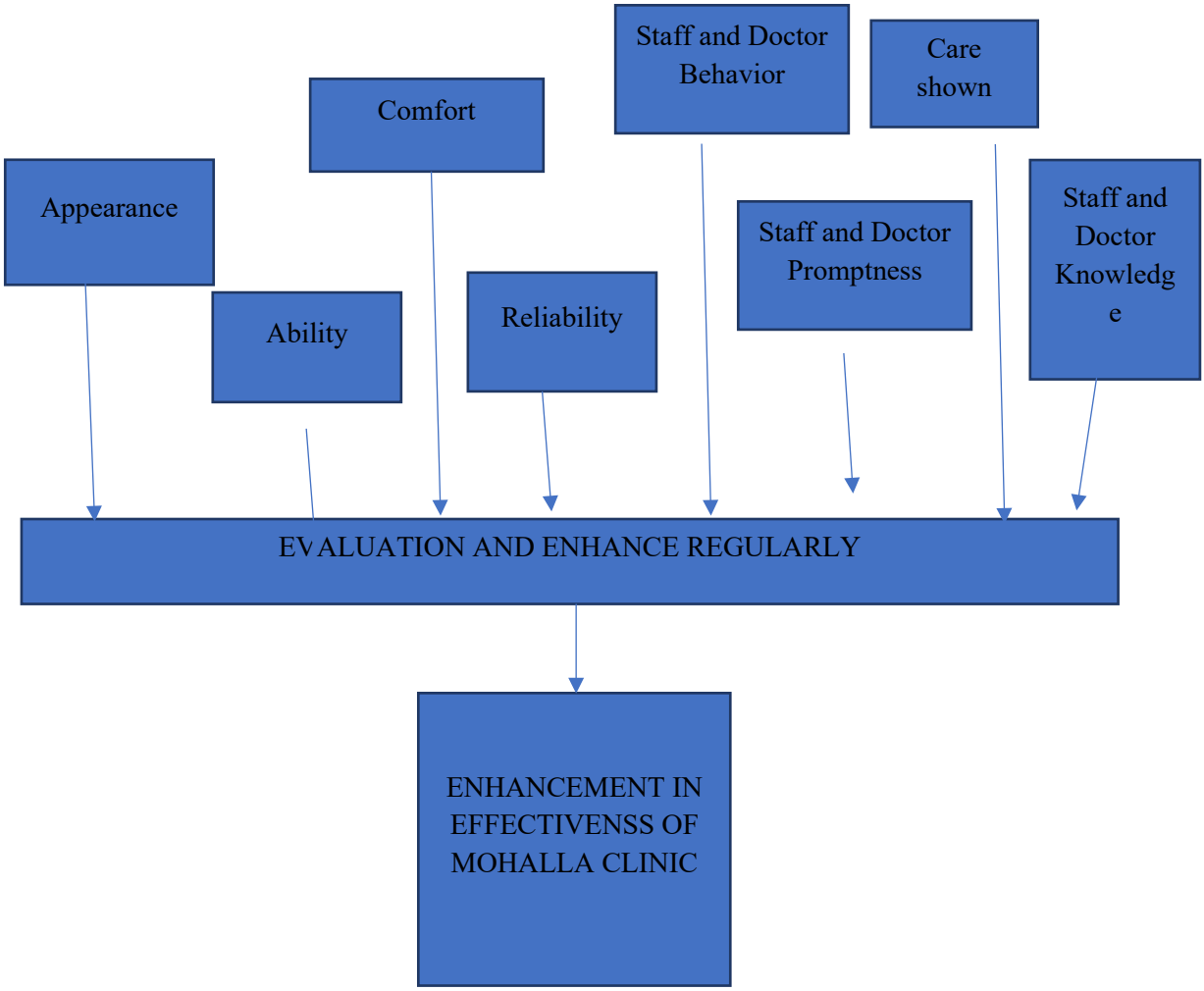
adjustments to the health system. The clinics of Mohalla are a solid start, but if it succeeds this concept: (1) increase awareness of the need for improved primary health care across the nation; (2) empower health services to influence the election results; and (3) catalyses efforts to strengthen health systems, among other things. As India strives to achieve universal health care, these actions will be critical. Mohalla Clinics might be a minor yet significant spark in this incredible adventure.

Any public good's performance may be measured using four criteria: availability, price, accessibility, and quality. Because Mohalla Clinics are a public benefit, their success is measured in terms of accessibility, cost, availability, and patient happiness, as determined by the results of a field survey.

The closeness of the Mohalla Clinics to the homes is unquestionably beneficial to the residents since it saves them time and money in going to government or private hospitals located outside of the studied regions. The majority of patients reside within walking distance of the Mohalla Clinics, as shown by the fact that respondents took an average of 10 minutes to get there from their homes. Walking was the most popular way of commuting to the Mohalla Clinics for 89 percent of the respondents due to the clinics' near proximity. On this parameter, the average index value is 0.6. This means that individuals go from long away to visit Mohalla Clinics that are not close to their houses. The accessibility problem should be resolved in the near future as the number of Mohalla Clinics grows.

5.2 Recommendation

Proposed Model



Above is proposed model for the enhancement on effectiveness of Mohalla clinics. The factors Appearance of the clinic, Ability of doctor, Reliability of clinic, Promptness shown to the patient in the clinic, Knowledge of staff and doctor, Behavior of staff and doctor, comfort offered to patient in clinic and care shown to the patient by staff and doctor in the clinic should be regularly evaluated and enhanced from time to time. As per our research if these factors are evaluated and worked on it regularly it will enhance the effectiveness of Mohalla clinics further as it will enhance the Perceived Service Quality.

- Further we recommend that a Coordinator (person or organisation) be hired to include the parallel component of preventive public health in Mohalla Clinics. The Coordinator will be in responsible of delivering preventative public health to the neighbourhood, much as the core team of medical experts offers curative primary healthcare.

- The Coordinator should ideally be a public health specialist employed on a contract basis (similar to private physicians) to monitor and analyse data (using technology) and submit monthly reports for each Mohalla.
- The Coordinator's major responsibility, as the name implies, is to facilitate effective coordination between various agencies involved in public health prevention. The Coordinator is also in charge of actively collecting input from a variety of sources to ensure that public health services are delivered in a neighborhood-specific manner that responds to changing health needs over time.
- These bodies providing public health with whom the Coordinator could coordinate are: NGOs, Government Organisations and Departments, and practices in existing government schemes (such as ASHA Workers etc.)

5.3 Limitation of the Study

The present study is restricted to the Mohalla Clinics started in NCT of Delhi since the year 2015. The study is based on questionnaire survey conducted among the visitors of these Mohalla Clinics.

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